State of California

## RESIDENCE ADDRESS IS VOLUNTARY -CIVILCODE SECTION 1798.17

TRAVEL EXPENSE CLAIM	-CIVILCODE SECTION 1798.17			
STD. 262 (Rev 6/93) DMH-001		Page 1	of	_1_

CLAIMANT'S NAME						SSN OR EMPLOYEE NUMBER* DEPARTMENT									
Stephen W. Mayberg					461-500-1641-001 Mental Health										
			DIVISION OF BUREAU INDEX NUMBER												
Director E99 RESIDENCE ADDRESS*				Director's Office HEADQUARTERS ADDRESS							461-500 TELEPHONE NUMBER				
on file					1600 Ninth Street							654-2309			
CITY STATE ZIP CODE				CITY STATE						ZIP CODE					
					Sacram	ento					CA	95814			
(1) MNTh March		(3)	(4)	(5)	MEALS	O.T.,L/T,	(6)	(7) (A)	(B)	RANSPORTA (C)		(D)	(8)	(9)	
(2)		LOCATION		BREAK-		N/C,RELO, OR	INCIDEN-	COST OF	TYPE	CARFARE, TOLLS,		È CAR USE	BUSINESS	TOTAL EXPENSES	
DATE	TIME	WHERE EXPENSES WERE INCURRED	LODGING	FAST	LUNCH	DINNER	TALS	TRANS.	USED	PARKING	MILES	AMOUNT	EXPENSE	FOR DAY	
3/9		Vacaville							рс						
	1400	returned									68	34.00		34.00	
								<u> </u>							
-															
								<u> </u>							
											34.00				
COL CODE (Acctg Use Only)															
(11) PUR	POSE O	F TRIP, REMARKS, AND DETAILS (Attach r	eceipts/vouc	hers when i	required)						(12) N	ormal Wo	rk Houre		
3/9 - Director to preside at Vacaville Psychiatric Program (				gram G	Governing Body meeting. (12) Normal Wo					to 5:00 p.m.					
(13) Pvt Vehicle									rt Vehicle I	_icense #					
On file															
										leage Rate	e Claimed				
# ### 0.5										0.5					
											ON	ILY			
Paid											Paid by	/ Revolvin	g Check N	umber	
I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with existing agreements and Department of															
Personnel Administration regulations, in the service of the State of California and that all items shown were for the official business of the State of															
California, and if a privately-owned vehicle was used, I have met the requirements as prescribed by S.A.M. Sections 0751, 0752, 0753, and 0754															
pertaining to vehicle safety and seat belt usage.  CLAIMANT'S SIGNATURE   DATE   (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT   DATE															
									_						
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES									DATE						